

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

RED WHITE AND BLUE FUND

ADDRESS (number and street) ▼

PO BOX 26141

☐ Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00503417

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Christopher M Marston

Signature of Treasurer

Mr. Christopher M Marston

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

RED WHITE AND BLUE FUND

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2011

To:

M M	/	D D	/	Y Y Y Y Y Y
12		31		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
6. 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colspan="6">2011</td></tr></table>	Y	Y	Y	Y	Y	Y	2011							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**RED WHITE AND BLUE FUND**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2011

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

729000.00

729000.00

(ii) Unitemized .....

935.00

935.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

729935.00

729935.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

729935.00

729935.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

729935.00

729935.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

729935.00

729935.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	3140.89	3140.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3140.89	3140.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75000.00	75000.00
24. Independent Expenditures (use Schedule E) .....	573680.00	573680.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	651820.89	651820.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	651820.89	651820.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	729935.00	729935.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	729935.00	729935.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	3140.89	3140.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	3140.89	3140.89

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RED WHITE AND BLUE FUND**

Full Name (Last, First, Middle Initial)

**A. Susan Arnall**

Mailing Address 1126 Geneva St

City

Glendale

State

CA

Zip Code

91207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2011

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Arrabon Management Services, LLC**

Mailing Address 401 Wilshire Blvd  
Ste 1070

City

Santa Monica

State

CA

Zip Code

90401-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2011

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

15000.00

Attribution Memo Entry Follows

Full Name (Last, First, Middle Initial)

**C. David Segel**

Mailing Address 401 Wilshire Blvd  
Ste 1070

City

Santa Monica

State

CA

Zip Code

90401-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arrabon Managment Services

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2011

Transaction ID : SA11AI.4145.0

Amount of Each Receipt this Period

15000.00

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RED WHITE AND BLUE FUND**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Francis Bullock**

Mailing Address 1760 Overview Ct

City

Dubuque

State

IA

Zip Code

52003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Dubuque

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Leslie P Edelman**

Mailing Address 555 Taxter Rd  
Ste 235

City

Elmsford

State

NY

Zip Code

10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kimber Manufacturing, Inc.

Occupation

Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Foster S Friess**

Mailing Address 115 E Snow King Ave  
PO Box 9790

City

Jackson

State

WY

Zip Code

83002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Investor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2011

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

250000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

260250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**RED WHITE AND BLUE FUND**

Full Name (Last, First, Middle Initial)

## **A. Foster S Friess**

Mailing Address 115 E Snow King Ave  
PO Box 9790

City State Zip Code  
Jackson WY 83002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2011

**Transaction ID : SA11AI.4144**

Amount of Each Receipt this Period

81000.00

Full Name (Last, First, Middle Initial)

## **B. FSH Capital LLC**

Mailing Address PO Box 50401

City State Zip Code  
Henderson NV 89016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011

**Transaction ID : SA11AI.4170**

Amount of Each Receipt this Period

20000.00

Attribution Memo Entry Follows

Full Name (Last, First, Middle Initial)

## **C. Frank Hanna**

Mailing Address PO Box 50401

City State Zip Code  
Henderson NV 89016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

FSH Capital LLC

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011

**Transaction ID : SA11AI.4170.0**

Amount of Each Receipt this Period

20000.00

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RED WHITE AND BLUE FUND**

Full Name (Last, First, Middle Initial)

**A. David L Hollinger**

Mailing Address 755 White Oak Rd

City

Denver

State

PA

Zip Code

17517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Four Seasons Produce Inc

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2011

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Arnold Martin Katz**

Mailing Address 1270 round hill road

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Keith Loisele**

Mailing Address 180 Wedgewood Dr

City

Gibsonia

State

PA

Zip Code

15044-9794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CDL Medical

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2011

Transaction ID : SA11AI.4103

Amount of Each Receipt this Period

9000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

29000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RED WHITE AND BLUE FUND**

Full Name (Last, First, Middle Initial)

**A. Keith Loiselle**

Mailing Address 180 Wedgewood Dr

City

Gibsonia

State

PA

Zip Code

15044-9794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CDL Medical

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18500.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

9500.00

Full Name (Last, First, Middle Initial)

**B. Keith Loiselle**

Mailing Address 180 Wedgewood Dr

City

Gibsonia

State

PA

Zip Code

15044-9794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CDL Medical

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

11 / 14 / 2011

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

6500.00

Full Name (Last, First, Middle Initial)

**C. Steven G Mihaylo**

Mailing Address PO Box 19790

City

Reno

State

NV

Zip Code

89511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

iMergent, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

12 / 16 / 2011

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period

25000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

41000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RED WHITE AND BLUE FUND**

Full Name (Last, First, Middle Initial)

**A. Joe Murphy**

Mailing Address 519 Blackjack Oak

City

Shavano Park

State

TX

Zip Code

78230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Murphy Tomatoes

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Charles Parlato**

Mailing Address 1144 Old White Plains Rd

City

Mamaroneck

State

NY

Zip Code

10543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

C&C Shorelands Inc

Occupation

Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2011

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

**C. Nicholas Ryan**

Mailing Address 400 Locust Street  
Suite 330

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2011

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

32500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RED WHITE AND BLUE FUND**

Full Name (Last, First, Middle Initial)

**A. Dr John M Templeton Jr**

Mailing Address 601 Pembroke Rd

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John Templeton Foundation

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SA11AI.4109**

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

**B. Dr John M Templeton Jr**

Mailing Address 601 Pembroke Rd

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John Templeton Foundation

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2011

**Transaction ID : SA11AI.4151**

Amount of Each Receipt this Period

200000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250000.00

729000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## RED WHITE AND BLUE FUND

1168.75

Category/  
Type

State:  District:

1000.00

Category/  
Type

State:  District:

852.14

Category/  
Type

State:  District:

3020.89

3020.89

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RED WHITE AND BLUE FUND**

Full Name (Last, First, Middle Initial)

**A. Leaders for Families Super PAC, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2011

Mailing Address c/o Bopp Law Firm  
1 S 6th StCity State Zip Code  
Terre Haute IN 47807-3510Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type**Transaction ID : SB23.4154**

Amount of Each Disbursement this Period

50000.00
----------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Leaders for Families Super PAC, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2011

Mailing Address c/o Bopp Law Firm  
1 S 6th StCity State Zip Code  
Terre Haute IN 47807-3510Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type**Transaction ID : SB23.4167**

Amount of Each Disbursement this Period

25000.00
----------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

75000.00
----------

**TOTAL** This Period (last page this line number only)..... ►

75000.00
----------

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 15 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RED WHITE AND BLUE FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00503417       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Abundance Media</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            12 / 28 / 2011         </div>
Mailing Address 2204 Sawgrass Village Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2000.00         </div>
City State Zip Code Ponte Vedra Beach FL 32082	<b>Transaction ID : SE.4168</b>	
Purpose of Expenditure E-mail Advocacy	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IA District: <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 344958.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>

Full Name (Last, First, Middle Initial) of Payee <b>GOP Lounge LLC</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            12 / 20 / 2011         </div>
Mailing Address c/o The Iowa Republican PO Box 93931		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           450.00         </div>
City State Zip Code Des Moines IA 50393	<b>Transaction ID : SE.4132</b>	
Purpose of Expenditure Online Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IA District: <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 217958.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         2450.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         2450.00       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Christopher M Marston

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 16 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RED WHITE AND BLUE FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00503417       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>SRCP Media, Inc.</b>			Date <div style="border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y            12 / 14 / 2011         </div>	
Mailing Address 201 N Union St Ste 200			Amount <div style="border: 1px solid black; padding: 2px;">           200500.00         </div>	
City Alexandria	State VA	Zip Code 22314		
Purpose of Expenditure Television Advertising	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">200500.00</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>	

Transaction ID : SE.4115

Full Name (Last, First, Middle Initial) of Payee <b>SRCP Media, Inc.</b>			Date <div style="border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y            12 / 14 / 2011         </div>	
Mailing Address 201 N Union St Ste 200			Amount <div style="border: 1px solid black; padding: 2px;">           17008.00         </div>	
City Alexandria	State VA	Zip Code 22314		
Purpose of Expenditure Advertising Production	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">217508.00</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>	

Transaction ID : SE.4345

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">217508.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Christopher M Marston

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 17 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RED WHITE AND BLUE FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00503417
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>SRCP Media, Inc.</b>		Date MM / DD / YYYY <b>12 / 22 / 2011</b>
Mailing Address 201 N Union St Ste 200		Amount <b>125000.00</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Television Advertising	Category/ Type	Transaction ID : <b>SE.4138</b>
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>IA</b> District: _____
Calendar Year-To-Date Per Election for Office Sought <b>342958.00</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>SRCP Media, Inc.</b>		Date MM / DD / YYYY <b>12 / 29 / 2011</b>
Mailing Address 201 N Union St Ste 200		Amount <b>200000.00</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Television Advertising	Category/ Type	Transaction ID : <b>SE.4152</b>
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>IA</b> District: _____
Calendar Year-To-Date Per Election for Office Sought <b>544958.00</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>325000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Christopher M Marston

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**01 / 31 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RED WHITE AND BLUE FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00503417         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>SRCP Media, Inc.</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>            12 / 29 / 2011         </div>	
Mailing Address 201 N Union St Ste 200		Amount <div style="border: 1px solid black; padding: 2px;">           9250.00         </div>	
City Alexandria	State VA		
Purpose of Expenditure Television Advertising	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>IA</u> District: <u> </u>	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 554208.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>	

Transaction ID : SE.4157

Full Name (Last, First, Middle Initial) of Payee <b>SRCP Media, Inc.</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>            12 / 29 / 2011         </div>	
Mailing Address 201 N Union St Ste 200		Amount <div style="border: 1px solid black; padding: 2px;">           19472.00         </div>	
City Alexandria	State VA		
Purpose of Expenditure Advertising Production	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>IA</u> District: <u>00</u>	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 573680.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>	

Transaction ID : SE.4346

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">           28722.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">                     </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">           573680.00         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Christopher M Marston

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012